

# **DTS-L Business Procedures**

## **APPENDIX I**

### **DTS-L LEVEL-1 BUSINESS PROCEDURES**

The DTS-L may be used as an order writer. In this case, the government forms (DD Form 1610, DD Form 1351-2, and SF Form 1164) are used to process TDY authorizations and vouchers. Samples forms are provided at Attachment 1.

Although the final voucher will show a “computed amount”, that is not being accepted by DFAS for processing. The DFAS clerk will still enter all applicable data into IATS and certify the payment.

The advantage of DTS-L at Level 1 is that no physical signature is required by DFAS on the DD Form 1610 (order). To sign in Block 20 is discretionary. The set-up of that signature block to electronically identify the authorizing official is sufficient. Your CTO may want a physical signature in that block. Only page one is required for printing.

The DD Form 1351-2 (voucher) currently residing in DTS-L is an older version. DFAS requires that the traveler sign in Block 20 and the Reviewed (AO) initial and date top right corner.

The SF 1164 (local voucher) is processed in the same manner as Level 2 LVs. A sample form is provided at Attachment 2.

Set-up assistance is available from the DTS-Army Office, DSN 703-602-1968.

# DTS-L Business Procedures

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### DTS-L LEVEL-1 BUSINESS PROCEDURES

#### Attachment 1

Sample copies of standard **DD1610** and **1351-2** forms printed by DTS-Limited, Level 1

|   |     |           |  |   |  |   |  |
|---|-----|-----------|--|---|--|---|--|
| <b>REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL</b><br><small>(Reference: Joint Travel Regulations)<br/>         (This form is subject to the Privacy Act of 1974 - Use blanket PAS - AF FORM 11)<br/>         Travel Authorized as Indicated in Items 2 through 21.</small>   |     |           |  |   |  | <b>1. DATE OF REQUEST</b><br>07/02/01           |  |
| REQUEST FOR OFFICIAL TRAVEL   |     |           |  |   |  |   |  |
| <b>2. NAME (Last, First, Middle Initial)</b><br>Greek, Olympia A.   |     |           | <b>SSN</b><br>100-11-1111                  |   | <b>3. POSITION TITLE AND GRADE OR RATING</b><br>C, Goddess Div |   |  |
| <b>4. OFFICIAL STATION</b><br>Athens, GA  |     |           |  | <b>5. ORGANIZATIONAL ELEMENT</b><br>DA012TEST                                   |  | <b>6. PHONE NO.</b>                             |  |
| <b>7. TYPE OF ORDERS</b><br>AA-ROUTINE TDY/TAD  |     |           | <b>8. SECURITY CLEARANCE</b>               |   | <b>9. PURPOSE OF TDY</b><br>E-SITE VISIT                       |   |  |
| <b>10a. APPROX NO. OF DAYS OF TDY (including travel time)</b><br>2  |     |           | <b>10b. PROCEED OIA (Date)</b><br>07/09/01 |   |  |   |  |
| <b>11. ITINERARY</b> <input type="checkbox"/> VARIATION AUTHORIZED<br><br>FROM: Athens, GA<br>TO: SYRACUSE, NY<br>RETURN TO: Athens, GA   |     |           |  |   |  |   |  |
| <b>12. MODE OF TRANSPORTATION</b>   |     |           |  |   |  |   |  |
| COMMERCIAL  |     |           |  | GOVERNMENT  |  | PRIVATELY OWNED CONVEYANCE (CHECK ONE)          |  |
| RAIL  | AIR | BUS       | SHIP                                       | AIR   | VEHICLE  | SHIP  | <b>RATE PER MILE:</b><br><input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT<br><input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR. |
| <input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)   |     |           |  |   |  |   |  |
| <b>13.</b> <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.<br><input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)   |     |           |  |   |  |   |  |
| <b>14. ESTIMATED COST</b>   |     |           |  |   |  | <b>15. ADVANCE AUTHORIZED</b>                   |  |
| PER DIEM  |     | TRAVEL    |  | OTHER   |  | TOTAL   |  |
| \$ 146.00   |     | \$ 240.00 |  | \$  |  | \$ 386.00                                       |  |
|   |     |           |  |   |  | \$ 0.00   |  |
| <b>16. REMARKS</b> (Use this space for special requirements, leave, superior or first-class accommodations, excess baggage, registration fees, etc.)<br>Commercial transportation will be to the traveler's individually Billed Account (IBA/Government Credit Card). * Travel voucher will be submitted to DFAS-DNO, DEPT 3700, 8899 E. 56th ST., Indianapolis, IN 46249-3700, within 5 days of completion of travel. Official telephone calls and faxes authorized. |     |           |  |   |  |   |  |
| <b>17. REQUESTING OFFICIAL (Title and signature)</b><br><br>Joe Test<br>Depot Manager   |     |           |  | <b>18. APPROVING OFFICIAL (Title and signature)</b><br><br>Joe T. Test<br>GS-13 |  |   |  |
| AUTHORIZATION   |     |           |  |   |  |   |  |
| <b>19. ACCOUNTING CITATION</b><br>GRE1111TJ0002^^21^2001^2020^0000^^^22^2010^^2^^43139800000^^^XYZZ^00^21T2^^<br>APC001^^^023185^^^^^^^^^^^^^ 386.00  |     |           |  |   |  |   |  |
| <b>20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION</b><br><br>DTS-L //SIGNED// Joe Test  |     |           |  |   |  | <b>21. DATE ISSUED</b><br>07/02/01              |  |
|   |     |           |  |   |  | <b>22. TRAVEL ORDER NUMBER</b><br>TA-DA012TO-19 |  |

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# DTS-L Business Procedures

## APPENDIX I

### DTS-L LEVEL-1 BUSINESS PROCEDURES

Reviewed: 9/11/01

| TRAVEL VOUCHER OR SUBVOUCHER   |  |  |  | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.   |  |   |  |
|--|--|--|--|--|--|---|--|
| <b>1. PAYMENT</b><br><input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check<br><input checked="" type="checkbox"/> Split Disbursement: Amt to Govt Tvl Charge Card \$ 322.00 |  |  |  | <b>2. TYPE OF PAYMENT</b> (X as applicable)<br><input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS<br><input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA |  |   |  |
| <b>3. FOR D.O. USE ONLY</b><br>a. D.O. VOUCHER NUMBER<br>VCH-DA012TO-9   |  |  |  |  |  |   |  |
| <b>4. NAME</b> (Last, First, Middle Initial) (Print or type)<br>Greek, Olympia A.  |  |  |  | <b>5. GRADE</b> <b>6. SSN</b><br>C, Godde    100-11-1111   |  |   |  |
| <b>7. ADDRESS</b> a. NUMBER AND STREET<br>123 Mountain Road  |  | b. CITY<br>Athens  |  | c. STATE<br>GA   |  | d. ZIP CODE<br>33333  |  |
| <b>8. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>   |  | <b>9. TRAVEL ORDER NUMBER</b><br>TA-DA012TO-19   |  | <b>10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b><br>Travel Advance - 0.00  |  |   |  |
| <b>11. ORGANIZATION AND STATION</b><br>DA012TEST - Athens, GA  |  |  |  | <b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)   |  |   |  |
| <b>12. DEPENDENT(S)</b> (X and complete as applicable)<br>a. NAME (Last, First, Middle Initial)    b. RELATIONSHIP    c. DATE OF BIRTH OR MARRIAGE   |  |  |  | <b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b><br>(X one) YES <input checked="" type="checkbox"/> NO (Explain in Remarks)   |  |   |  |
| <b>15. ITINERARY</b>   |  |  |  | <b>d. COMPUTATIONS</b>   |  |   |  |
| <b>a. DATE</b>   |  | <b>b. PLACE</b><br>(Home, Office, Base, Activity, City, and State; City and Country, etc.) |  | <b>c. MEANS/ MODE OF TRAVEL</b>  |  | <b>d. REASON FOR STOP</b>                                   |  |
| <b>e. LODGING COST</b>   |  | <b>f. POC MILES</b>  |  |  |  |   |  |
| 07/09  |  | Athens, GA   |  | CP   |  |   |  |
| 07/09  |  | SYRACUSE, NY   |  | TD   |  | 70.00   |  |
| 07/10  |  | SYRACUSE, NY   |  | CP   |  |   |  |
| 07/10  |  | Athens, GA   |  | MC   |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| DEP  |  |  |  |  |  |   |  |
| ARR  |  |  |  |  |  |   |  |
| <b>16. POC TRAVEL</b> (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER  |  |  |  | <b>17. DURATION OF TDY TRAVEL</b><br>12 HOURS OR LESS <input checked="" type="checkbox"/> MORE THAN 12 HOURS BUT 24 HOURS OR LESS <input type="checkbox"/> MORE THAN 24 HOURS  |  |   |  |
| <b>18. REIMBURSABLE EXPENSES</b>   |  |  |  | <b>e. SUMMARY OF PAYMENT</b>   |  |   |  |
| a. DATE  |  | b. NATURE OF EXPENSE   |  | c. AMOUNT  |  | d. ALLOWED  |  |
| 07/09  |  | Air Fare (GOVC)  |  | 120.00   |  |   |  |
| 07/09  |  | Hotel Room Tax   |  | 12.00  |  |   |  |
| 07/10  |  | Air Fare (GOVC)  |  | 120.00   |  |   |  |
|  |  |  |  | (1) Per Diem 121.00<br>(2) Actual Expense Allowance 0.00<br>(3) Mileage 0.00<br>(4) Dependent Travel 0.00<br>(5) DLA 0.00<br>(6) Reimbursable Expenses 252.00<br>(7) Total 373.00<br>(8) Less Advance 0.00<br>(9) Amount Owed 0.00<br>(10) Amount Due 373.00                 |  |   |  |
| <b>19. GOVERNMENT/DEDUCTIBLE MEALS</b>   |  |  |  |  |  |   |  |
| a. DATE  |  | b. NO. OF MEALS  |  | a. DATE  |  | b. NO. OF MEALS   |  |
| 07/09/01   |  | L  |  |  |  |   |  |
| <b>20. CLAIMANT SIGNATURE</b><br>Olympia A. Greek  |  |  |  | <b>21. APPROVING OFFICER SIGNATURE</b>   |  |   |  |
| <b>22. ACCOUNTING CLASSIFICATION</b><br>GRE1111TJ0002^21^2001^2020^0000^^22^2010^^2^^43139800000^^XYZZ^00^21T<br>2^^APC001^^023185^^^^^^^^^^^^^ 373.00 NR 0.00   |  |  |  |  |  |   |  |
| <b>23. COLLECTION DATA</b>   |  |  |  |  |  |   |  |
| <b>24. COMPUTED BY</b>   |  | <b>25. AUDITED BY</b>  |  | <b>26. TRAVEL ORDER POSTED BY</b>  |  | <b>27. RECEIVED</b> (Payee Signature and Date or Check No.) |  |
|  |  |  |  |  |  | <b>28. AMOUNT PAID</b><br>373.00                            |  |

DD FORM 1351-2, AUG 1997 (EG) PREVIOUS EDITIONS OF DD FORM 1351-2 AND 1351-1 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. Exception to SF 1012 approved by GSA/IRMS 12-91.

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**APPENDIX I**  
**DTS-L LEVEL-1 BUSINESS PROCEDURES**

DATE: 06/26/01 LOCAL VOUCHER (Continuation Page)  
TRAVELER: Headman, Zeus A.  
LOCAL VOUCHER NUMBER: TA-DA012TO-1  
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Travel to and from Savannah, GA, to attend LRA training.

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ENTER IN  
"COMMENTS"